

California Nonresident or Part-Year Resident Income Tax Return 2001

Short Form

FORM
540NR

Step 1

Place label here or print

Name and Address

Your first name	Initial	Last name
If joint return, spouse's first name	Initial	Last name
Present home address — number and street, PO Box or rural route		
City, town, or post office		
Apt. no.	PMB no.	
State	ZIP Code	

Step 1a

SSN

Your social security number	Spouse's social security number
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IMPORTANT:
Your social security number is required.

Step 2

Filing Status

Fill in only one.

- 1 ☐ Single
2 ☐ Married filing joint (even if only one spouse had income)
4 ☐ Head of household (with qualifying person). STOP. See instructions.
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died _____.

Step 2a

Residency

- ☐ State of residence
Taxpayer _____ Spouse _____
☐ Dates of residency
Taxpayer from _____ to _____
Spouse from _____ to _____
☐ Active duty military – State of domicile
Taxpayer _____ Spouse _____

Step 3

Exemptions

Attach check or money order here.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐

► For line 7, line 8, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

- 7 **Personal:** If you filled in 1 or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions 7 ☐ X \$79 = \$ _____
8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$79 = \$ _____
10 Add line 7 and line 8. This is your total exemption credit before the dependent exemption credit 10 Total \$ _____

Dependent Exemptions

- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

_____ Total dependent exemption credit ● 11 ☐ X \$247 = \$ _____

Step 4

Taxable Income

Standard Deduction

Single,
\$2,960
Married filing
joint, Head of
household, or
Qualifying
widow(er),
\$5,920

- 12 Total California wages from all your Form(s) W-2, box 16 ● 12 _____
13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4; TeleFile Tax Record, line I; Form 1040NR, line 33; or Form 1040NR-EZ, line 10 13 _____
14 Unemployment compensation and military pay adjustment. See instructions ● 14 _____
17 Adjusted gross income from all sources. Subtract line 14 from line 13 ● 17 _____
18 **Standard deduction** for your filing status (see the left margin). If you filled in the circle on line 6, see instructions ● 18 _____
19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19 _____

Step 5

Tax

Attach a copy of your Form(s) W-2 and 1099(s) showing California tax withheld

- 22 Tax on the amount shown on line 19 ● 22 _____
23 Exemption credits. Add line 10 and line 11 and enter the result on line 23 23 _____
24 Subtract line 23 from line 22. If less than zero, enter -0- 24 _____
25 Add California wages from line 12 and taxable interest (Form 1099, box 1, see instructions). This is your California adjusted gross income ● 25 _____
25a Ratio. Divide the amount on line 25 by the amount on line 17 25a _____
27 Multiply line 24 (tax) by line 25a (ratio) ● 27 _____

Your name: _____ Your SSN: _____

Step 6

**Credits/
Total Tax**

28	Amount from Side 1, line 27	28	
40	Nonrefundable renter's credit. See instructions	40	
46	Total tax. Subtract line 40 from line 28	46	

Step 8

Payments

47	California income tax withheld (Form W-2, box 17)	47	
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Step 9

**Overpaid tax
or tax due**

58	Overpaid tax. If line 47 is larger than line 46, subtract line 46 from line 47	58	
59	Tax due. If line 47 is less than line 46, subtract line 47 from line 46	59	

Step 10

Contributions

Alzheimer's Disease/Related Disorders Fund	61	00	CA Breast Cancer Research Fund	65	00
CA Fund for Senior Citizens	62	00	CA Firefighters' Memorial Fund	66	00
Rare and Endangered Species Preservation Program	63	00	Emergency Food Assistance Program Fund	67	00
State Children's Trust Fund for the Prevention of Child Abuse	64	00	CA Peace Officer Memorial Foundation Fund	68	00
			Lupus Foundation of America, California Chapters Fund	69	00
73	Add line 61 through line 69. These are your total contributions	73			

Step 11

**Refund or
Amount
You Owe**

74	REFUND OR NO AMOUNT DUE. Subtract line 73 from line 58. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002	74	
75	AMOUNT YOU OWE. Add line 59 and line 73. See page 12. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	75	
79	If you do not need California income tax forms mailed to you next year, fill in the circle	79	<input type="radio"/>

Step 13

**Direct Deposit
(Refund Only)**

Do not attach a voided check or a deposit slip.
Fill in the boxes to have your refund directly deposited. Routing number

Account Type: Checking ☐ Savings ☐ Account number

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 9

Sign Here

It is unlawful to
forge a spouse's
signature.

Joint return?
See instructions.

Your signature	Daytime phone number
<input checked="" type="checkbox"/> _____ Spouse's signature (if filing joint, both must sign)	() _____
<input checked="" type="checkbox"/> _____ Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	Date _____
Firm's name (or yours if self-employed)	Paid Preparer's SSN/PTIN
Firm's address	FEIN